PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

CLAIMS AS FILED - PART I

Application or Docket Number

673671

	·	CLAIMS A	S FILED - (Column		(Column 2)			SMALL E	NTITY	OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			25					RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUME	ER EXTRA		BASIC FEE	\$375	OR	BASIC FEE	\$750
TOTAL CHARGEABLE CLAIMS			25 minus 20=		* 5			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		* •			X42=		OR	X84=	
MU	JLTIPLE DEPEN	NDENT CLAIM P	RESENT	, , , , , , , , , , , , , , , , , , ,			ı	+140=		OR	+280=	
* 11	the difference	in column 1 is	less than zero, enter "0" in co			olumn 2	L	TOTAL		OR	TOTAL	
	CLAIMS AS AMENDED - PART II							,	<u> </u>	4,	OTHER	THAN
F	NOW DESIGN A SECOND	(Column 1) (Column 1) (Column 1) (Column 1)				(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF MI	Minus	***	CLAIM	=		X42=	•	OR	X84=	
	111101111202	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+140=		OR	+280=	
				-	•		L	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	٠
	(Column 1) (Column 2) (Column 3)											
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X42=		OR	X84=	Č
	FIRST PRESE	NTATION OF MU	JEHPLE DEF	ENDENT	CLAIM			+140=	·	OR	+280=	
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)	, ,,					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	CL AILA	=	r	X42=		OR	X84=	
	FINOI PHESE	NTATION OF MU	LIPLE DEP	ENDENT	CLAIM		r	+140=		l	+280=	
*	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR (TOTAL	
***	If the "Highest Nur	mber Previously Pa ber Previously Paid ber Previously Paid	id For" IN THIS	S SPACE is	less than	3, enter "3."		DDIT. FEE L d in the appi			NDDIT. FEE L Jimn 1.	